

END OF LIFE IN INTENSIVE CARE UNITS: HEALTH CARE ENVIRONMENT AND NURSING

Isabell Fridh

Institute of Health and Care Sciences, University of Gothenburg, Gothenburg, Sweden

Abstract

Admission to an intensive care unit (ICU) is in most cases preceded by a sudden illness or trauma, without an opportunity for either the patient or his or her family to prepare themselves for, or influence the location of, a patient's death. An assumption of this thesis was that the place and the environment in which people die are important both for the person dying and his or her close relatives. The overall aim of the thesis was to explore and describe end-of-life care (EOLC) in the ICU environment from the perspective of close relatives and nurses.

Study I was a survey concerning Swedish ICUs physical environment and routines when caring for dying patients. Study II was a study of the circumstances in conjunction with 192 patients' death in 10 ICUs. In Study III, interviews were conducted with 17 close relatives of 15 patients who died in three ICUs. The interviews were analysed using a phenomenological-hermeneutic method. In Study IV, nine intensive care nurses were interviewed about their experiences and perceptions of caring for dying patients. Conventional content analysis was used.

The study shows that a great many ICU patients die after a short stay in the ICU, in multi-bed rooms and without the bedside presence of a next-of-kin. For close relatives, the experience of the EOLC provided in an ICU can be experienced as positive if the use of high tech is combined with compassionate and well-structured nursing care. In these circumstances, the care can be perceived as a confirmation that the loved one received the best nursing and medical care and that everything possible was done to save his or her life. Although close relatives seldom complain about the physical environment of the ICU, they want to be close by, and not separated from their dying loved one. From the perspective of close relatives, the experience of having been piloted or not piloted is of great importance in connection with a loved one's death in an ICU. From a nursing perspective, "doing one's utmost" is a decisive factor in EOLC in the intensive care environment.

Keywords: Intensive care, physical environment, close relatives, end-of-life care, nursing care, survey, phenomenological hermeneutics, content analysis, family presence

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Isabell Fridh

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Professor Elisabeth Hall

Århus universitet, Århus, Danmark

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